

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Realtors Congressional Fund

ADDRESS (number and street) ▼

430 North Michigan Avenue

☐ Check if different than previously reported. (ACC)

Chicago

IL

60611-4011

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488742

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael C McGrew

Signature of Treasurer

Michael C McGrew

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
01		31		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2016</td></tr></table>	Y	Y	Y	Y	Y	Y	2016							<table><tr><td colspan="6">1225523.87</td></tr></table>	1225523.87					
Y	Y	Y	Y	Y	Y															
2016																				
1225523.87																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">1225523.87</td></tr></table>	1225523.87																		
1225523.87																				
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="6">18958.00</td></tr></table>	18958.00						<table><tr><td colspan="6">18958.00</td></tr></table>	18958.00											
18958.00																				
18958.00																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">1244481.87</td></tr></table>	1244481.87						<table><tr><td colspan="6">1244481.87</td></tr></table>	1244481.87											
1244481.87																				
1244481.87																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">114533.00</td></tr></table>	114533.00						<table><tr><td colspan="6">114533.00</td></tr></table>	114533.00											
114533.00																				
114533.00																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="6">1129948.87</td></tr></table>	1129948.87						<table><tr><td colspan="6">1129948.87</td></tr></table>	1129948.87											
1129948.87																				
1129948.87																				
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 01 / 31 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

18958.00

18958.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

18958.00

18958.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

18958.00

18958.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

18958.00

18958.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

18958.00

18958.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	20708.00	20708.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	20708.00	20708.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	93825.00	93825.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	114533.00	114533.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	114533.00	114533.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18958.00	18958.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18958.00	18958.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	20708.00	20708.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	20708.00	20708.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: F3XN  
Transaction ID :

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Association of Realtors Congressional Fund**

Full Name (Last, First, Middle Initial)

## **A. Coeur d'Alene Multiple Listing Service, LLC**

Mailing Address 409 W Neider Suite A

City State Zip Code  
Coeur D Alene ID 83815-9423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 07 / 2016

**Transaction ID : AEB95C7120290431B8E0**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. NATIONAL ASSOCIATION OF REALTORS**

Mailing Address 430 N Michigan Avenue

City State Zip Code  
Chicago IL 60611-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corporation

Occupation  
n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16458.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2016

**Transaction ID : AFD33459D1C104199992**

Amount of Each Receipt this Period

16458.00

In-Kind: Administrative support and solicitation

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

18958.00

18958.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Association of Realtors Congressional Fund

Category/  
Type

4250.00

State:  District:

MM / DD / YYYY

Category/  
Type

16458.00

State:  District:

Category/  
Type

State:  District:

20708.00

20708.00



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 9 OF 14  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Meath Media Group</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>01 / 28 / 2016</b>	
Mailing Address <b>4441 Kingle St., NW</b>		Amount <b>26500.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20016-3578</b>	Transaction ID : <b>E2B72B311AC5E4FEDB2E</b>
Purpose of Expenditure <b>Online video production costs</b>		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate <b>Rep. Martha Roby</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AL</b>
Calendar Year-To-Date Per Election for Office Sought <b>31275.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>720 Strategies LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>01 / 28 / 2016</b>	
Mailing Address <b>1111 19th St NW</b>		Amount <b>1750.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-3603</b>	Transaction ID : <b>EDBB74B72BB72429A987</b>
Purpose of Expenditure <b>Website Landing Page costs</b>		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate <b>Rep. Mike D. Rogers</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AL</b>
Calendar Year-To-Date Per Election for Office Sought <b>31275.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>28250.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Michael McGrew</b>		Date M M M / D D D / Y Y Y Y Y Y <b>02 / 17 / 2016</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 10 OF 14  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span>				
Full Name of Payee <b>720 Strategies LLC</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">28</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Mailing Address <b>1111 19th St NW</b>			Amount <span style="border:1px solid black; padding:2px;">2500.00</span>	
City <b>Washington</b> State <b>DC</b> Zip Code <b>20036-3603</b>		Transaction ID : <b>ED82802D8B8D741D18FA</b>		
Purpose of Expenditure <b>Website Infrastructure Costs</b>		Category/Type <span style="border:1px solid black; padding:2px;"></span>		Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span>
Name of Federal Candidate <b>Sen. Richard C. Shelby</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AL</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">31275.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>720 Strategies LLC</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">28</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Mailing Address <b>1111 19th St NW</b>			Amount <span style="border:1px solid black; padding:2px;">2500.00</span>	
City <b>Washington</b> State <b>DC</b> Zip Code <b>20036-3603</b>		Transaction ID : <b>EBC569F425A58452CA47</b>		
Purpose of Expenditure <b>Website Infrastructure Costs</b>		Category/Type <span style="border:1px solid black; padding:2px;"></span>		Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span>
Name of Federal Candidate <b>Rep. Martha Roby</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AL</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">31275.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">5000.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Michael McGrew</i>		Date <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">17</span> / <span style="border:1px solid black; padding:2px;">2016</span>		
[Electronically Filed]				

Full Name of Payee <b>National Association of REALTORS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016	
Mailing Address 430 N Michigan Ave		Amount 525.00	
City Chicago	State IL	Zip Code 60611-4011	<b>Transaction ID : EBEF1E1A35BD045C7AD</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Consulting Services		Category/ Type	
Name of Federal Candidate Sen. Richard C. Shelby		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought		31275.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	27025.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 12 OF 14  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name of Payee <b>National Association of REALTORS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 28 / 2016</b>	
Mailing Address <b>430 N Michigan Ave</b>		Amount <b>525.00</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60611-4011</b>	Transaction ID : <b>EB90CD4B7375A498D806</b>
Purpose of Expenditure Consulting Services		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Mike D. Rogers		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>31275.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>National Association of REALTORS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 28 / 2016</b>	
Mailing Address <b>430 N Michigan Ave</b>		Amount <b>525.00</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60611-4011</b>	Transaction ID : <b>E4FF3F24973014949907</b>
Purpose of Expenditure Consulting Services		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Martha Roby		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>31275.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>1050.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Michael McGrew</i>		Date MM / DD / YYYY <b>02 / 17 / 2016</b>	
		[Electronically Filed]	

Full Name of Payee <b>720 Strategies LLC</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>01 / 28 / 2016</div> </div>	
Mailing Address 1111 19th St NW		Amount <div> <div>Amount</div> <div>1750.00</div> </div>	
City Washington	State DC	Zip Code 20036-3603	<b>Transaction ID : E96F594FB24D24B549CD</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div></div> </div>
Purpose of Expenditure Website Landing Page costs		Category/Type <div> <div>Category/Type</div> <div></div> </div>	
Name of Federal Candidate Sen. Richard C. Shelby		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
District: _____ State: <u>AL</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>31275.00</div> </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	3500.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

Full Name of Payee 720 Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016	
Mailing Address 1111 19th St NW		Amount 2500.00	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : ECF8A519DF0C54F78B50 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Website Infrastructure Costs		Category/ Type	
Name of Federal Candidate Rep. Mike D. Rogers		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: AL
Calendar Year-To-Date Per Election for Office Sought 31275.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Meath Media Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016	
Mailing Address 4441 Klinge St., NW		Amount 26500.00	
City Washington	State DC	Zip Code 20016-3578	Transaction ID : E9DB527F60AF84A13836 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Online video production costs		Category/ Type	
Name of Federal Candidate Rep. Mike D. Rogers		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: AL
Calendar Year-To-Date Per Election for Office Sought		31275.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	29000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	93825.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature